

# SURPLUS REQUEST FORM

Please print clearly.

Requesting Subdivision: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
(If different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Procurement Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Federal ID Number (9 digits): \_\_\_\_\_

State Agency  
Offering Surplus: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Surplus Memo Number: \_\_\_\_\_

Description	Item Number	No. of Units	Purchase Price (per unit)	Total Price

Attach additional pages if necessary.

(SSPO USE ONLY)

APPROVED ☐

NOT APPROVED ☐